



Immigrant Health *Visiting Friends and Relatives Program*

An Approach to the Primary Care for Immigrants and Refugees:

a primer for medical students, residents and nurse practitioner students

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Objective: To improve primary and preventive health care to refugees and new immigrants arriving from developing countries.

Sources of Information: Medical literature: infectious disease, immigrant and refugee health, travel medicine, infectious disease, multidisciplinary health care team experience.

Main Message: To provide primary and preventive health care to new immigrants and refugees, practitioners should consider implications of population mobility, global health and the importance of building trust with newcomers. Routine screening, vaccination and disease prevention, and health promotion should be tailored to disease patterns of country of origin and delivered using principles that support continuity of care. Key challenges for health professionals for this population include language barriers, diverse health beliefs and behaviors, infectious and tropical diseases, travel health risks and cross-cultural provision of mental health care.

Conclusions: Primary health care of immigrants from developing countries should include systematic screening and on-going health promotion and disease prevention. This presentation provides a practical approach that includes guidelines for medical care.

Key Learning Objectives:

- Awareness for immigrant experience and cross-cultural communication issues
- An approach to immigrant screening, vaccination,
- An approach to travel-home medicine

Refugee Clinic Background Pamphlet

Immigrant Health

Visiting Friends and Relatives Program



Specializing in the Health Needs of
Integrating & Traveling Immigrants

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Our vision is to meet the health care needs of immigrants from developing countries through comprehensive patient care, education and research.

- ❖ The establishment of a multidisciplinary community-based immigrant health consultation clinic at the Elisabeth- Bruyère Family Medicine Centre.
- ❖ Research initiatives in partnership with the Institute of Population Health, University of Ottawa.
- ❖ Development of educational resources for health care professionals and community partners.
- ❖ Development of interdisciplinary undergraduate and postgraduate university curriculum specific to immigrant health issues.
- ❖ Collaboration with our counterparts nationally and internationally to facilitate widespread dissemination of information.
- ❖ Develop and lead a national community-based health professional network for immigrant health.

We accept consultation requests of the following:

- ❖ Complete health assessments
- ❖ Immunization, Mantoux testing and screening for infectious diseases
- ❖ Psychosocial assessments
- ❖ Health promotion
- ❖ Patient orientation to the Canadian health system
- ❖ Travel health consultations for immigrants traveling home to visit friends and relatives.

Multidisciplinary Team

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Definition of a UN Geneva Convention Refugee:

1. a person who fears persecution in his or her country; and
2. persecution is based on discrimination related to his or her race, religion, nationality, political opinion or membership in a social group.

Immigrant and Refugee Perspectives (K.Pottie)

Consider the ramifications of speaking a different language and interpreting the world with a different educational or cultural background. Imagine not knowing whether to shake the doctor's hand, where to sit, or how quickly to attend to the problem at hand. Picture being suspicious of the privacy of the medical record and distrustful of physicians in general. Imagine scanning for signs of competence, authority, humanity- elements of a trusting relationship that would alleviate anxiety.

Consider the burden of fears created by illness or the feeling the doctor will never speak directly of bad news such as a diagnosis of cancer. Imagine having experienced previous encounters that did not go well: too fast, too technical, humiliating, or physically harmful. Your family has been your sole support for having lived in an unstable society they were the only ones you could trust. Imagine having suffered, your human rights repeatedly abused and the doctor does not even ask about your family. Picture a society where few people trust a doctor's opinion and so their only way to feel safe in the care they receive is to obtain ten opinions and then to select the one that sounds the best, costs the least, or is suggested most frequently.

Imagine the clinical encounter as the starting point in the process of building a connection to a new society. Migration involves the adaptation to new social and culture realities, a process that may produce considerable stress, anxiety and isolation. Such stressful events place an individual at risk for a multitude of problems ranging from family violence to tuberculosis. This stress of migration overlaps into the context of clinical encounters, so physicians must put forth a significant amount of effort to help overcome these barriers and stresses to build a respective therapeutic relationship. Building trust takes time so listen attentively and respectfully to a newcomer's stories.

Citizenship and Immigration Canada: Canadian Immigration Medical Examination (IME) – mandated for public health safety and burden of illness, not focused on long-term prevention

- Review of health history
- Physical examination with vision and hearing screening
- VDRL 15 yrs and older
- Review of chest x-ray (children 11 yrs of age and older)
- Urinalysis (five years and older)-dipstick for protein, glucose, blood and if positive microscopy
- HIV testing (instituted January 2002)

Basic Summary of Health Insurance for Immigrants and Refugees

- Non-status person: most often no insurance (may have private insurance)
- Asylum seeker: Interim Federal Health Program (basic health and social)
- Refugee Status: arrive as landed immigrant: immediate OHIP, 1 year social assistance/ IFH drug coverage
- Landed Immigrant: wait 3 months for Ontario OHIP coverage



Immigrant Health *Visiting Friends and Relatives Program*

Visit Guide (“Prevention Guide” available in clinic)

- 1st Visit:** Specific issues; partial history and orientation to system (see below)
Vaccinations and Mantoux test
Arrange for Lab (see list below)
- 2nd Visit:** Read Mantoux, Vaccinations
Complete history and physical
- 3rd Visit:** Vaccinations
Health Promotion and Disease Prevention: Diabetes, BP, Chol, cancer screening: cervical, breast, bowel and prostate
Travel-Home Health Preparations- consider malaria advice, vaccination for Hep A/B, Varicella, Typhoid, Yellow Fever and Meningococcal (if appropriate), antibiotic for severe diarrhoea, travel health record and Canadian Foreign Affairs registration before departure.

Demographics and Orientation to System

- Native Country: _____ Arrival Date: _____
- Language(s) spoken: _____
- Housing Situation: Reception House: _____ Other: _____
- Contact Person: _____
- Supports/Family in Ottawa or Canada: _____
- Previous Illness: _____
- Immunization Status: _____
- Orientation to Canadian Health System: _____

Canada has a universally accessible, government funded health care system with family physicians as the point of access. This is not the norm worldwide. The vast majority of health systems are a mixture of private and public where the public system is not well maintained.

Visit

- Health history, ask about hx of malaria, tuberculosis, torture and violence
- Physical examination, document Weight and Blood Pressure (important clinical signs: nutritional status, fevers, skin lesions, eye abnormalities, clubbing, wheezes, hypertension, heart murmurs, lymphadenopathy, organomegaly, genital abnormalities, limb weakness)
- Vaccinations as needed (if no immunization record available the patient should be offered a primary series; the more complicated alternative is to check ab titres for immunity) see Canadian Immunization guidelines.

Routine (core) Investigations:

- CBC with diff; ferritin (women and children)
- Stool for O&P (x3) Stool for C&S x 1 (if acute diarrhoea)
- Glucose (fasting), Cr, electrolytes (adults over 40)
- Cholesterol, TG, HDL, LDL (adults over 40)
- Hepatitis A ab (check for immunity)
- Hepatitis B (s)Ag/Ab Do Hepatitis B (e)ab if Hep B(s)ag positive.
- Hepatitis C (Egypt, Sub-Sahara Africa or Asia)
- Rubella and Varicella titre (if not routinely vaccinating childbearing woman)
- AST (discretionary)
- HIV Test (with informed patient consent)
- Lead (children)
- Urinalysis
- Tuberculosis screening: symptom check and Mantoux Skin Test
- Chest x-ray (PA/Lat)-(if positive mantoux or symptomatic)
- VDRL
- Chlamydia and Gonorrhea and Pregnancy test (appropriate age groups)
- Cancer screening: cervical, breast, colon and prostate (age appropriate)

Special Laboratory Investigations to consider

- TSH (children)
- Urine Beta HCG (for potential childbearing woman)
- Malaria thick and thin smears (with fever or high risk populations)
- 25—hydroxycholecalciferol for Vitamin D deficiency- (decreased sun exposure- Muslim woman)
- Hepatitis A (ab) for immunity in consideration of for future travel home vaccination

Psychosocial Assessment

Depression – (M SIG E CAPS)

Anxiety

PTSD, nightmares, flashbacks

Domestic Violence, Abuse

Adjustment Stress

Harvard Trauma Scale: useful instrument for screening refugees

Immunizations: follow Canadian Immunization guidelines

Parasites

The following parasites are usually not considered pathogenic and do not require treatment unless symptomatic (N.B. many labs no longer report these non-pathogenic parasites):

Blastocystis hominis (controversial)

Chylomastix mesnili

Entamoeba coli

Entamoeba hartmanni
Enteromonas hominis
Endolimax nana

Tuberculosis: Mantoux Testing =Tuberculin skin test (TST)

Indications for TST: persons at risk for disease

- Contact with contagious TB, immigrants from TB endemic country within 5 years of arrival
- Increased risk of reactivation due to impaired immunity: HIV, DM, Renal Failure, Corticosteroids or other immunosuppressant drugs

Canadian criteria for a positive TST (2005)

High risk people: 5mm

HIV, Contact with active TB, signs of inactive TB on CXR, organ transplant steroid >15mg/d

High risk conditions 10 mm

Silicosis, DM, CRF, Leukemia, lymphoma, Malnutrition, child <5

High Prevalence Pop. 10 mm

FB arrived <5 years, HCW, aboriginal, prisons, homeless, urban poor

Chest film if:

Significant TST (usually ≥ 10 mm)

Symptoms of active tuberculosis disease: weight loss, fatigue, fever, cough, hemoptysis, etc

A high suspicion for extrapulmonary tuberculosis should be maintained when evaluating any **immigrant** or refugee for ongoing constitutional complaints. Review of data from the CIH over a 10-year period (1988–1997) revealed 26% of all cases of tuberculosis were extrapulmonary tuberculosis, and all of these cases occurred in foreign-born patients. Cases involving the endometrium, prostate, parotid, chest wall, pericardium, and central nervous system have been encountered.

When to consider a 2 step TST

In case of negative first TST but have a risk factor for prior remote exposure:

Health Care Worker

Foreign-born

elderly in nursing home

homeless, shelters

INH Treatment of Latent Tuberculosis Infection (active disease ruled out)

Isoniazid 300mg OD (children 5mg/kg); consider pyridoxine 25-50mg OD to prevent neuropathy in malnourished

- 9 month regimen considered optimal
- Children should get 9 months
- Can be given twice weekly if directly observed

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Risk of INH hepatotoxicity (AST> 3-5 times normal)

Age	Risk
• <20	0
• 20-34	0.3%
• 35-49	1.2%
• 50-64	2.3%
• >65	5%

Literature, Narratives and the Immigrant Experience

- A Distant Shore, Karyl Phillips
- In the Skin of the Lion, Michael Ondaatje
- Nowhere Man, Aleksandar Hemon

References

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4. Gavagan T, Brodyaga L. Medical care for immigrants and refugees. *American Family Physician* 1998; 57(5):1061-8. <http://www.aafp.org/afp/980301ap/gavagan.html>
5. Stauffer WM, Kamat D, Walker PF. Screening of International immigrants, refugees, and adoptees. *Primary Care; Clinics in Office Practice* 2002; 29(4): 879-905

Health Canada : Canadian Tuberculosis Standards

http://www.lung.ca/tb/TBStandards_Eng.pdf

Travel Health:

- Health Canada Travel: <http://www.hc-sc.gc.ca/pphb-dgspssp/tmp-pmv/index.html>
- CDC: <http://www.cdc.gov/travel/>
- WHO International Travel: <http://www.who.int/ith>